



VETERINARY MEDICAL BOARD
REGISTERED VETERINARY TECHNICIAN COMMITTEE
1420 HOWE AVENUE, SUITE 6, SACRAMENTO, CA 95825-3228
TELEPHONE: (916) 263-2610 / FAX: (916) 263-2621
WEBSITE: <http://www.vmb.ca.gov>



Request for Waiver from Continuing Education

Pursuant to Business and Professions Code Section 4846.5, all veterinarians wishing to renew their license on or after January 1, 2002, must complete 36 hours of approved continuing education.

A licensee may request a waiver from all 36 hours of continuing education. The request for waiver must be based on the specific circumstances as stated below. Please indicate the reason you are requesting a waiver:

- ☐ For at least one year during your current license period, you were or will be absent from California due to military service; or
- ☐ For at least one year during your current license period you were prevented from practicing veterinary medicine and from completing continuing education courses for the following reasons of health or undue hardship which includes: (please check one)
- _____ Significant physical or mental disability.
- _____ Significant physical or mental disabilities of an individual where you have total responsibility for the care of that individual.

Please attach a letter explaining the reason for the waiver request. In addition, you must submit verifiable documentation that supports the waiver request, e.g., military documents, letter from physician(s), and other necessary documents that provide a full explanation of the request.

The Board will review each request and respond to the licensee within 75 working days after receipt of a completed waiver request form and the required supporting documentation. If the Board denies the request for waiver, the licensee shall complete the continuing education requirements as set forth in section 4846.5 of the Code. If the Board grants the request for waiver, it shall be valid only for the current renewal period. The waiver does not exempt the licensee from payment of the license renewal fee.

By signing below, I affirm, under penalty of perjury under the laws of the State of California, that I am requesting an exemption from continuing education and that all statements contained in this waiver are true and correct.

Signature:

Licensee

License Number

License Expiration Date

Printed Name

Phone Number

Address

City, State, Zip Code